

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-18442		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 10/20/15		TIME: 1234	
CRASH OCCURRED ON 1425 COLUMBUS, KROGERS				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321	
LOG-1		LOG-2		LOC JUR FH'9 FILL							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT ALLSTATE					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) LYNCH, MEGAN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 62 TURNER, LEBANON, OH 45036							
PHONE NO. 513-571-7989		BIRTH DATE m y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS SAME				PHONE			
VEH YR 2003		MAKE CHEVY		MODEL TANOE		COLOR BLK		STYLE SW		STATE OH	
LICENSE PLATE NO. FRV9066		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Sentry					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) MONDELEZ GLOBAL				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3333 HESPER RD, BILLINGS, MT 58280-3715							
PHONE NO.		BIRTHDATE m D y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH	
DRIVER'S LICENSE NO.		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS SAME				PHONE			
VEH YR 2013		MAKE FORD		MODEL 45		COLOR GRN		STYLE 45		STATE OH	
LICENSE PLATE NO. EZW8694		TOWING SERVICE N/A		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		CONDITION A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A B 1 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED 2 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED	
D E F		INJURED TAKEN TO		By		A B C D E F		EJECTION A B C D E F 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		DRUGS A B 1 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED 2 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED	
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F	
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F	
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F	
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D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F	
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